

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/565294

FILING DATE

APPLICANT(S)

Art. 19 Pre-Amend CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3		1		1		1
4	1		1		1	
5		1		1		1
6		1		1		1
7	4		4		1	
8	1		1		1	
9		1		1		1
10	1		1		1	
11		1		1		1
12	1		1		1	
13	6		6		1	
14	4		6		1	
15	4		6			
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49						
50						
TOTAL IND.	3		3		3	
TOTAL DEP.	28	←	28	←	10	←
TOTAL CLAIMS	31		31		13	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	←

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CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4	1					
5		1				
6		1				
7	6					
8	1					
9		1				
10		1				
11		1				
12	0					
13	6					
14	6					
15	6					
16						
17						
18						
19						
20						
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23						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	32	←		←	←	←
TOTAL CLAIMS	35	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]